INFORMATION BULLETIN

EDD Employment Development Department
State of California

WELFARE-TO-WORK

TO: SERVICE DELIVERY AREA ADMINISTRATORS
PRIVATE INDUSTRY COUNCIL CHAIRPERSONS
WELFARE-TO-WORK 15 PERCENT SUBGRANTEES
COUNTY WELFARE DIRECTORS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES STAFF
EDD EXECUTIVE STAFF
WORKFORCE DEVELOPMENT BRANCH STAFF

SUBJECT: REVISED WtW PARTICIPANT REPORTING FOR 85 PERCENT GRANTS

The purpose of this information bulletin is to provide revised monthly participant reporting information and deadlines for the Welfare-to-Work (WtW) formula (85 Percent) grants. A copy of the new Interim Participant Report is attached, along with line item instructions for completing the interim participant summary, and information regarding the use of an automated report for collecting additional information on participants placed in subsidized employment.

Information Bulletin WB99-16, dated April 1, 1999, provided quarterly reporting instructions that are now being revised to satisfy the need to collect information on WtW participants on a monthly basis. Federal law allows states to impose different forms or formats, shorter due dates, and more frequent reporting requirements on subrecipients (CFR 645.240). Given the level of interest in this program, the Job Training Partnership Division (JTPD) is requiring the 85 Percent WtW formula grantees to transmit <u>monthly</u> participant reports by the 20th of the month following the end of the report period. The WtW Summary of Expenditures Report deadline has been changed to correspond with the monthly participant reporting deadline, as indicated in Welfare-to-Work Information Bulletin WB99-16.

In addition to the information reported on the revised monthly participant summary report, the JTPD needs to collect monthly data on the number of participants placed in subsidized employment since the inception of the WtW program through the end of the reporting period. Although this information is not currently being reported to JTPD, it is being tracked by the Job Training Automation (JTA) system used by your Service Delivery Area (SDA) and can be collected for reporting purposes. We are in the process of creating an automated method to collect this monthly-required information. Until this process is complete, a new sequel statement has been created that should help your SDA in the collection of this data.

A JTA system change release will be issued on April 16, 1999, that includes this sequel statement and incorporates the updates to the WtW Interim Participant Report. Please do not run your quarterly participant report or the sequel statement until after the installation of this release. Should you have any questions regarding the system release or the sequel statement, please call the JTA Help Desk at (916) 653-0202. The statement, entitled *wtwsubemp.sql,* will provide you with the number of WtW participants placed in subsidized employment.

Please complete the form provided in Attachment 1 by entering the compiled subsidized placement information in the box indicated and fax it to the Data Analysis Unit of JTPD when you submit your participant report. This form must be completed monthly and faxed to JTPD, along with the monthly participant report, on the 20th day of each month. Fax the form to the Data Analysis Unit at (916) 654-9586 for the reporting period ending March 31, 1999, by the close of business on Tuesday, April 20, 1999. The next monthly participant report and supplemental report form will need to be submitted to JTPD on May 20, 1999, for the period ending April 30, 1999. A subsequent JTA system change release will be issued to incorporate the number of participants placed in subsidized employment in the Interim Participant Report, thereby eliminating the need for this special form in the future.

Please ensure this information bulletin is shared with your Management Information System and reporting staff. We appreciate your assistance. If you have any questions, please contact Cindy Hobart in the Data Analysis Unit at (916) 654-8285.

/S/   BILL BURKE
        Assistant Deputy Director

Attachments

STATE OF CALIFORNIA
WELFARE-TO-WORK
SUPPLEMENTAL REPORT

FAX TO: (916) 654-9586

Attn: Data Analysis Unit

Report for period ending: _____

Total participants placed in SUBSIDIZED
employment to date: _____

_____	_____
SDA Name	Subgrant Number

_____	_____
Contact Person - Print	Phone Number

_____

Contact Person Signature

Fax the completed report to the Job Training Partnership Division (JTPD) at (916) 654-9586 or 654-9657 by the 20th of the month following the end of the report period. For example, for the period ending March 31, the completed report should be faxed to JTPD no later than close of business on April 20. No hard copy of this form should be mailed to JTPD.

WELFARE-TO-WORK
INTERIM PARTICIPANT REPORT

1. SUBGRANTEE NAME AND ADDRESS:	2. SUBGRANTEE CODE:
	3. GRANT CODE:
	4. REPORT PERIOD:

I. SUBGRANT INFORMATION	
A. Report Revision Number:	_____
B. Subgrant/Contract Number:	_____
C. Subgrant Period:	
From: / /	To: / /

II. PARTICIPANT SUMMARY	*CUMULATIVE TOTALS*
A. Total Active Participants (B minus C)	_____
B. Total Participants Served	_____
1. Required Beneficiaries (70% of $ MINIMUM)	_____
2. Other Eligibles (30% of $ MAXIMUM)	_____
C. Total Participants Terminated	_____
1. Required Beneficiaries (70% of $ MINIMUM)	_____
2. Other Eligibles (30% of $ MAXIMUM)	_____
D. Placed in Unsubsidized Employment	_____
1. Public Sector	_____
2. Private Sector	

III. ACTIVITIES SUMMARY	
1. Community Service	_____
2. Work Experience Program	_____
3. Public Sector Employment Wage Subsidy	_____
4. Private Sector Employment Wage Subsidy	_____
5. On-the-Job Training	_____
6. Job Readiness Services	_____
7. Job Placement Services	_____
8. Post-Employment Services	_____
9. Job Retention Services	_____
10. Supportive Services	_____
11. Other Employment Activities	_____

IV. FAMILY SUMMARY	First Month	Second Month	Third Month	Quarter Total
A. Total Number of Families Served				
B. Total Number of Participants Served				
C. Total Number of Noncustodial Parents Served				
D. Total Number of Families Terminated				
E. Total Number of Participants				

V. TOTAL ACCRUED EXPENDITURES: _____

VI. INDIVIDUALDEVELOPMENT ACCOUNTS: _____

VII. COMMENTS: _____

_____

_____

CERTIFICATION:

_____ Name	_____ Title:
_____ Phone Number	_____ Signature
_____ Contact Person	_____ Title
_____ Phone Number	_____ Date Submitted

WELFARE-TO-WORK INTERIM PARTICIPANT REPORT
LINE ITEM INSTRUCTIONS

Heading Information

Item	Instructions
1. **Subgrantee Name and Address**	Enter the name and address of the Service Delivery Area (SDA) or the Subgrantee.
2. **Subgrantee Code**	Enter the Job Training Automation (JTA) three-digit alpha-code assigned to each Subgrantee by the Job Training Partnership Division (JPTD).
3. **Grant Code**	Enter the JTA three-digit numeric-code assigned to each funding source by JTPD. Note: Only one grant code can be reported per form.
4. **Report Period Ending**	Enter the ending Month and Year of the report period for which this report is prepared.

Section I. Subgrant Information

This section provides subgrantees allocation and reporting information.

Item	Instructions
A. **Report Revision Number**	Enter the revision number of this report (sequence number should be tracked by the SDA). This item has been added to ensure that the most current version of the report has been entered into the State's system. If this report is the initial report for the reporting period, enter "00." If this report is the first revision, enter "01," and so forth.
B. **Subgrant/Contract Number**	Enter the subgrant contract number assigned by the Employment Development Department.
C. **Subgrant Period: From: To:**	Enter the beginning (From) and ending (To) dates for the subgrant being reported.

Section II. Participant Summary

This section provides participant information on a cumulative basis. The Department of Labor (DOL) requires the state to report participants by formula grant and competitive grant in order to account for the money used to serve the WtW recipients.

Item	Instructions
A. Total Active Participants	Enter the cumulative number of WtW clients who are active in the program at the end of the report period. *Total Active Participants* must be equal to the total of *Total Participants Served* minus *Total Participants Terminated.*
B. Total Participants Served	Enter the cumulative number of WtW clients served from the beginning of the fiscal year to the end of the report period. If a client terminates from the program and returns for additional services, the client is to be counted again. *Total Participants Served* must equal the sum of *Required Beneficiaries* and *Other Eligibles*.
1. Required Beneficiaries	Enter the cumulative number of WtW clients served who met the *Required Beneficiaries* eligibility requirements for 70 percent of the funding from the beginning of the fiscal year to the end of the report period.
2. Other Eligibles	Enter the cumulative number of WtW clients served who met the *Other Eligibles* eligibility requirements from the beginning of the fiscal year to the end of the report period.
C. Total Participants Terminated	Enter the cumulative number of WtW clients terminated from the WtW program. If a client leaves and returns for additional services, the client is to be counted again when terminated. *Total Participants Terminated* must equal the sum of *Required Beneficiaries Terminated* and *Other Eligibles Terminated*.
1. Required Beneficiaries	Enter the cumulative number of WtW clients who met the *Required Beneficiaries* eligibility requirements as defined under Section 403(a)(5)(C)(ii) and terminated from the WtW program from the beginning of the fiscal year to the end of the report period.
2. Other Eligibles	Enter the cumulative number of WtW clients who met the *Other Eligibles* eligibility requirements as defined under Section 403(a)(5)(C)(ii) and terminated from the WtW program from the beginning of the fiscal year to the end of the report period.
D. Placed in Unsubsidized Employment	Enter the cumulative number of WtW clients placed in Unsubsidized Employment. (Note: To date, the DOL has not officially defined a placement in unsubsidized employment.) *Placed in Unsubsidized Employment* must equal the sum of *Public Sector* and *Private Sector* (Items D1 + D2).

Item	Instructions
1. Public Sector	Enter the cumulative number of WtW clients placed in Unsubsidized Employment in the public sector from the beginning of the fiscal year to the end of the report period.
2. Private Sector	Enter the cumulative number of WtW clients placed in Unsubsidized Employment in the private sector from the beginning of the fiscal year to the end of the report period.

Note: California is still evaluating the options for post-employment follow-up for the WtW program. No federal guidelines have been released.

Section III. Activities Summary

This section provides information as required by DOL for those clients who are participating in the WtW activities. A participant may be counted in more than one activity during a report period. Refer to the WtW Client Forms Handbook for definitions of the specific activities.

Item	Instructions
1. Community Service	Enter the number of WtW clients placed in a community service activity from the beginning of the program through the end of the report period.
2. Work Experience Program	Enter the number of WtW clients placed in a work experience activity from the beginning of the program through the end of the report period.
3. Public Sector Employment Wage Subsidy	Enter the number of WtW clients placed in a public sector employment-wage subsidy activity from the beginning of the program through the end of the report period.
4. Private Sector Employment Wage Subsidy	Enter the number of WtW clients placed in a private sector employment-wage subsidy activity from the beginning of the program through the end of the report period.
5. On-the-Job Training	Enter the number of WtW clients placed in an on-the-job training activity from the beginning of the program through the end of the report period.
6. Job Readiness Services	Enter the number of WtW clients placed in a job readiness activity from the beginning of the program through the end of the report period.
7. Job Placement Services	Enter the number of WtW clients placed in a job placement activity from the beginning of the program through the end of the report period.

Item	Instructions
8. **Post-Employment Services**	Enter the number of WtW clients placed in a post-employment activity from the beginning of the program through the end of the report period.
9. **Job Retention Services**	Enter the number of WtW clients placed in a job retention service activity from the beginning of the program through the end of the report period.
10. **Supportive Services**	Enter the number of WtW clients placed in a supportive service activity from the beginning of the program through the end of the report period.
11. **Other Employment Activities**	Enter the number of WtW clients placed in other employment activities from the beginning of the program through the end of the report period.

Section IV. Family Summary

This section provides state Temporary Assistance to Needy Families (TANF) information as proposed by the Department of Health and Human Services for those clients who are participating in the WtW program. All counts of families and individuals should be unduplicated monthly totals.

Item	Instructions
A. Total Number of Families Served	Enter the number of TANF families receiving assistance under the state WtW program for each month of the quarter.
B. Total Number of Participants Served	Enter the total number of participants in the state WtW program for each month of the quarter.
C. Total Number of Noncustodial Parents Served	Enter the total number of noncustodial parents participating in the state WtW program for each month of the quarter.
D. Total Number of Families Terminated	Enter the number of families whose participation in the state WtW program was terminated for each month of the quarter.
E. Total Number of Participants Terminated	Enter the total number of participants whose participation in the state WtW program was terminated for each month of the quarter.

Section V-VII. The following sections provide additional information as required by DOL.

Section	Instructions
Section V. **Total Accrued Expenditures**	Enter the *total* cumulative accrued expenditures from the beginning of the program through the end of the report period.
Section VI. **Individual Development Accounts**	Enter the number of WtW clients participating in individual development account activities from the beginning of the program through the end of the report period.
Section VII. **Comments**	Note any additional comments.

Certification

Item	Instructions
Name	Enter the name of the authorized official who will be signing the form.
Title	Enter the authorized official's title.
Phone Number	Enter the authorized official's phone number.
Signature	The authorized official must sign the form. The signature certifies that the form has been accurately completed, with the valid data, and is in compliance with the WtW grant program.
Contact Person	Enter the name of a contact person in the event any questions should arise concerning information on the completed form. The contact person will, in most cases, be the individual who prepared the report.
Title	Enter the contact person's title.
Phone Number	Enter the contact person's phone number.
Date Submitted	Enter the date the form is signed and submitted to the State of California.